



2021 IHCP Works Seminar

Prior Authorization 201

MDwise Provider & PA Portal

Presented by Rebecca Church and Michelle Jones

Providing health coverage to Indiana families since 1994

Agenda

- Provider Page
- Transferring Prior Auths
- Prior Auths and Emergency Services
- Accessing the my MDwise Provider Portal
- Member Eligibility
- Submitting a Prior Auth Request
- Prior Authorization Portal
- Resources
- Contact Information
- Questions

MDwise Provider Page

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Welcome Providers

Welcome to the MDwise network. We value your participation and hope to keep you informed by providing easily accessible resources and updates here. Information about MDwise guidelines, requirements and policies and procedures can be found in the [provider manual](#).

MDwise Quick Contact Guides

View our comprehensive [quick contact guide](#) includes contact information for Hoosier Healthwise and Healthy Indiana Plan.

View our comprehensive [Prior Authorization Reference Guide](#) that includes PA contact information for Hoosier Healthwise and Healthy Indiana Plan.

News and Announcements

June 15, 2021

A helpful guide for setting up a provider account in the authorization portal is now available [here](#) under **Forms**.

Quick Links

[myMDwise Provider Login](#)

[Preferred drug list \(PDL\) for Hoosier Healthwise](#)

[Preferred drug list \(PDL\) for HIP Plans](#)

[Link Members with SNAP](#)

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Stay up to date on MDwise company news and updates.

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Provider Forms

Provider forms are available in the following categories:



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[Care Management Forms](#)



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[Member Management Forms](#)



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[Prior Authorization Forms](#)



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Prior Authorization Forms

MDwise Medicaid Prior Authorization Process

For pharmacy prior authorization forms, please visit our [pharmacy forms](#) page.

For more information, see our [MDwise Prior Authorization Reference and Contact Guide](#).

UPDATE on MDwise Medicaid Prior Authorizations

Prior authorization requests for Indiana Health Coverage Programs: [Hoosier Healthwise and Healthy Indiana Plan](#)

Forms

- [Portal Instructions](#) - **New!**
- [Universal PA Form for Hoosier Healthwise and HIP](#) 
- [Prior Authorization Reference Guide for Hoosier Healthwise and Healthy Indiana Plan](#)
- [Behavioral Health Forms](#)

Prior Authorization Lists

- [2020 Maternity Code Exemption List](#) - **NEW!**
- [Medical Prior Authorization and Exclusion Lists for Hoosier Healthwise and HIP Effective 10/1/21 - **NEW!** - Archived v. 3/1/21](#)
- [2021 Searchable Behavioral Health Services that Require Prior Authorization for Hoosier Healthwise and HIP](#)

[Prior Authorization Form Archives](#)

For pharmacy prior authorization forms, please visit our [pharmacy forms](#) page.

Provider Page

Prior Auth Request Form

Indiana Health Coverage Programs Prior Authorization Request Form

Check the radio button of the entity that must authorize the service.
(For managed care, check the member's plan, unless the service is carved out [delivered as fee-for-service].)

Fee-for-Service	Gainwell Technologies	P: 1-800-457-4534, option 7	F: 1-800-689-2750
Hoosier Healthwise	<input type="radio"/> Anthem Hoosier Healthwise	P: 1-866-408-6132	F: 1-866-406-2803
	<input type="radio"/> Anthem Hoosier Healthwise - SFHN	P: 1-800-291-4140	F: 1-800-747-3693
	<input type="radio"/> CareSource Hoosier Healthwise	P: 1-844-607-2831	F: 1-844-432-8924
	<input type="radio"/> MDwise Hoosier Healthwise	P: 1-888-961-3100	F: 1-888-465-5581
	<input type="radio"/> MHS Hoosier Healthwise	P: 1-877-647-4848	F: 1-866-912-4245
Healthy Indiana Plan (HIP)	<input type="radio"/> Anthem HIP	P: 1-844-533-1995	F: 1-866-406-2803
	<input type="radio"/> CareSource HIP	P: 1-844-607-2831	F: 1-844-432-8924
	<input type="radio"/> MDwise HIP	P: 1-888-961-3100	F: 1-866-613-1642
	<input type="radio"/> MHS HIP	P: 1-877-647-4848	F: 1-866-912-4245
Hoosier Care Connect	<input type="radio"/> Anthem Hoosier Care Connect	P: 1-844-284-1798	F: 1-866-406-2803
	<input type="radio"/> MHS Hoosier Care Connect	P: 1-877-647-4848	F: 1-866-912-4245

Please complete all appropriate fields.

Patient Information			
IHCP Member ID (RID):			
Date of Birth:			
Patient Name:			
Address:			
City/State/ZIP Code:			
Patient/Guardian Phone:			
PMP Name:			
PMP NPI:			
PMP Phone:			
Ordering, Prescribing, or Referring (OPR) Provider Information			
OPR Physician NPI:			
Medical Diagnosis (Use of ICD Diagnostic Code Is Required)			
Dx1	Dx2	Dx3	

Requesting Provider Information	
Requesting Provider NPI/Provider ID:	
Taxonomy:	
Tax ID:	
Provider Name:	
Rendering Provider Information	
Rendering Provider NPI/Provider ID:	
Tax ID:	
Name:	
Address:	
City/State/ZIP Code:	
Phone:	
Fax:	
Preparer's Information	
Name:	
Phone:	
Fax:	

Please check the requested assignment category below:

<input type="checkbox"/> DME	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Purchased	<input type="checkbox"/> Observation	<input type="checkbox"/> Speech Therapy
<input type="checkbox"/> Rental	<input type="checkbox"/> Office Visit	<input type="checkbox"/> Transportation
<input type="checkbox"/> Home Health	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Other
<input type="checkbox"/> Hospice	<input type="checkbox"/> Outpatient	

Dates of Service Start	Stop	Procedure/Service Codes	Modifiers	Service Description	Taxonomy	Place of Service (POS)	Units	Dollars

Notes:

PLEASE NOTE: Your request MUST include medical documentation to be reviewed for medical necessity.

Signature of Qualified Practitioner: _____ Date: _____

See the [IHCP Quick Reference Guide](#) for information about where to mail this form.

Provider Page

Section #1 of the PA Request Form

Patient Information					
IHCP Member ID (RID):					
Date of Birth:					
Patient Name:					
Address:					
City/State/ZIP Code:					
Patient/Guardian Phone:					
PMP Name:					
PMP NPI:					
PMP Phone:					
Ordering, Prescribing, or Referring (OPR) Provider Information					
OPR Physician NPI:					
Medical Diagnosis (Use of ICD Diagnostic Code Is Required)					
Dx1		Dx2		Dx3	

Please check the requested assignment category below:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> DME | <input type="checkbox"/> Inpatient | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Purchased | <input type="checkbox"/> Observation | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Rented | <input type="checkbox"/> Office Visit | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Outpatient | |

Provider Page

Section #2 of the PA Request Form

Requesting Provider Information	
Requesting Provider NPI/Provider ID:	
Taxonomy:	
Tax ID:	
Provider Name:	
Rendering Provider Information	
Rendering Provider NPI/Provider ID:	
Tax ID:	
Name:	
Address:	
City/State/ZIP Code:	
Phone:	
Fax:	
Preparer's Information	
Name:	
Phone:	
Fax:	

Provider Page

Section #3 of the PA Request Form

Dates of Service		Procedure/ Service Codes	Modifiers		Service Description	Taxonomy	Place of Service (POS)	Units	Dollars
Start	Stop								

Notes:

PLEASE NOTE: Your request MUST include medical documentation to be reviewed for medical necessity.

Signature of Qualified Practitioner

Date:

See the [IHCP Quick Reference Guide](#) for information about where to mail this form.

What is the process for Transferring Auths?

Transferring Outstanding Prior Authorizations

Scenario:

A procedure takes place and a member enters the procedure with PA approved as fee-for-service but then member eligibility retro'd and changed to MDwise during or after procedure completion. Who is responsible for the payment?



Transferring Outstanding Prior Authorizations

MDwise will honor all existing PAs if one of the following exists:

- ✓ The first 30 calendar days, starting on the member's effective date in the new plan
- ✓ The remainder of the PA dates of service
- ✓ Until approved units of service are exhausted
- ✓ Provider receives a denial for "No Auth" and submits a timely appeal with appropriate documentation
- ✓ The auth was communicated with PA to be entered into auth system

NOTE: Provider cannot just bill with the FFS or other MCE Auth without contacting MDwise through requesting the continuity of care auth from the PA team. It is a best practice to have this done prior to claim submission. The Medical Management team would validate and determine approval to get auth into our system, if warranted.

Prior Auths and Emergency Services

Emergency Services

Scenario: T or F

Emergency services do not require PA?



And the answer.....

True with a twist

- Although emergency services do not require PA, any resulting inpatient stay does require PA, with the exception of inpatient stays for burn care with an admission of type 1 (emergency) or type 5 (trauma).
- All other emergency admissions must be reported to MDwise within 48 hours of admission, not including Saturdays, Sundays, or legal holidays.

Accessing the myMDwise Provider Portal

Accessing the my MDwise Provider Portal



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myMDwise Provider Portal

The myMDwise provider portal allows registered providers to view member eligibility information securely online for IHCP/Medicaid.

Included are the following online features:

- View member eligibility information.
- View member claims information.
- View member PMP information.
- View patient roster. (PMP Only)
- Submit requests for care management disease management programs.
- Request access to Quality Reports.
- Request access to Member Health Profile.
- Contact MDwise Provider Relations online.



[Login to myMDwise](#)

[Click here to access the DentaQuest provider portal.](#)



Create a New Account

Providers must complete the sign-up process to gain access. Users are required to create individual accounts. Visit the [myMDwise provider login page](#) and click on the link which reads "Request New Account."

You will need the following information:

- Provider NPI and TIN.
- An email address.

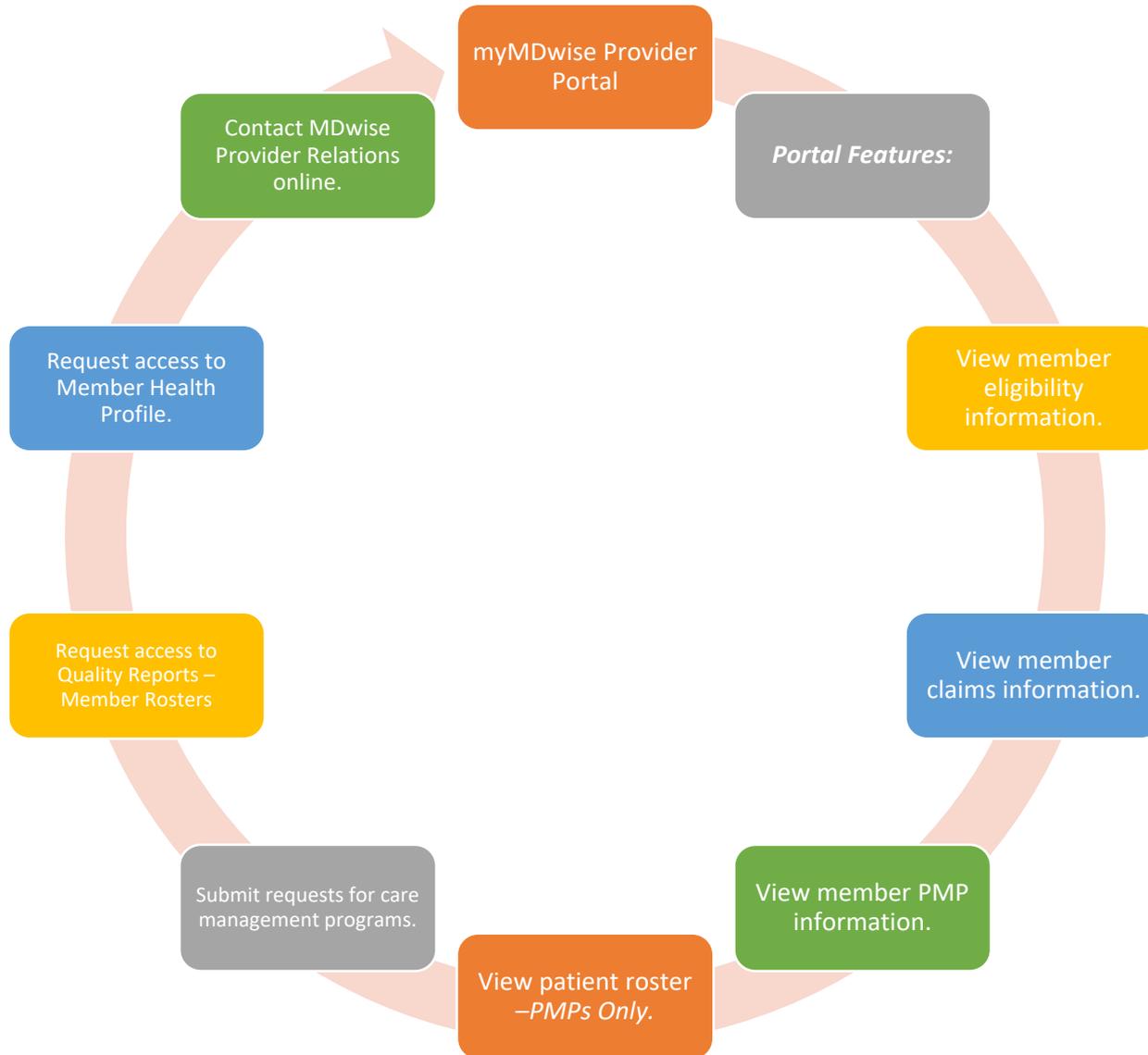
[View our sign-up guide for additional help.](#)

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Accessing the my MDwise Provider Portal



Accessing the my MDwise Provider Portal

Creating a myMDwise Provider Portal Account

- The myMDwise provider portal is a great way to check eligibility of all MDwise members.
- Here is the link to begin that process:
 - [MDwise Provider Portal](#)

If you need assistance using the myMDwise provider web portal please contact provider relations at 317-822-7300, ext. 5800.

Accessing the Provider Portal



Welcome to myMDwise

The myMDwise provider portal allows registered providers to view member eligibility information securely online for both IHCP/Medicaid and MDwise Marketplace.

Included are the following online features:

- View member eligibility information.
- View member claims information.
- View member PMP information.
- View patient roster –PMPs Only.
- Submit requests for care management disease management programs.
- Request access to Quality Reports.
- Request access to Member Health Profile.
- Contact MDwise Provider Relations online.

Request for Access

Providers must complete the sign-up process to gain access. Users are required to create individual accounts. [View our sign-up guide for additional help.](#)

MDwise is Here to Help

If you have questions please contact MDwise Provider Relations at 317-822-7300, ext. 5800.

Supported browsers

myMDwise portal supports the latest 2 versions of the following major browsers: [Chrome](#) | [Internet Explorer](#) | [Firefox](#) | [Safari](#)
Older browsers are supported on a limited basis and may display differently from the newer browsers. Organizations that depend on old versions of Internet Explorer may want to consider a dual browser strategy.

Provider Login

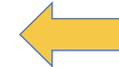
Username

Password

Submit

Providers:

[Request a new account](#)
[Forgot your username or Password?](#)



Valence Portal:

[Claims Access](#)

ePSS Tool:

The United States Preventive Services Task Force (USPSTF) develops evidence-based recommendations for clinical preventive services, and has created an Electronic Preventive Services Selector (ePSS) Tool for Primary Care Providers.

U.S. Preventive Services Task Force | Prevention TaskForce

USPSTF topics specific to a patient's risk factors.

Age: Years

Weight: lbs

Height: ft in

Sex: Female Male

Pregnant:

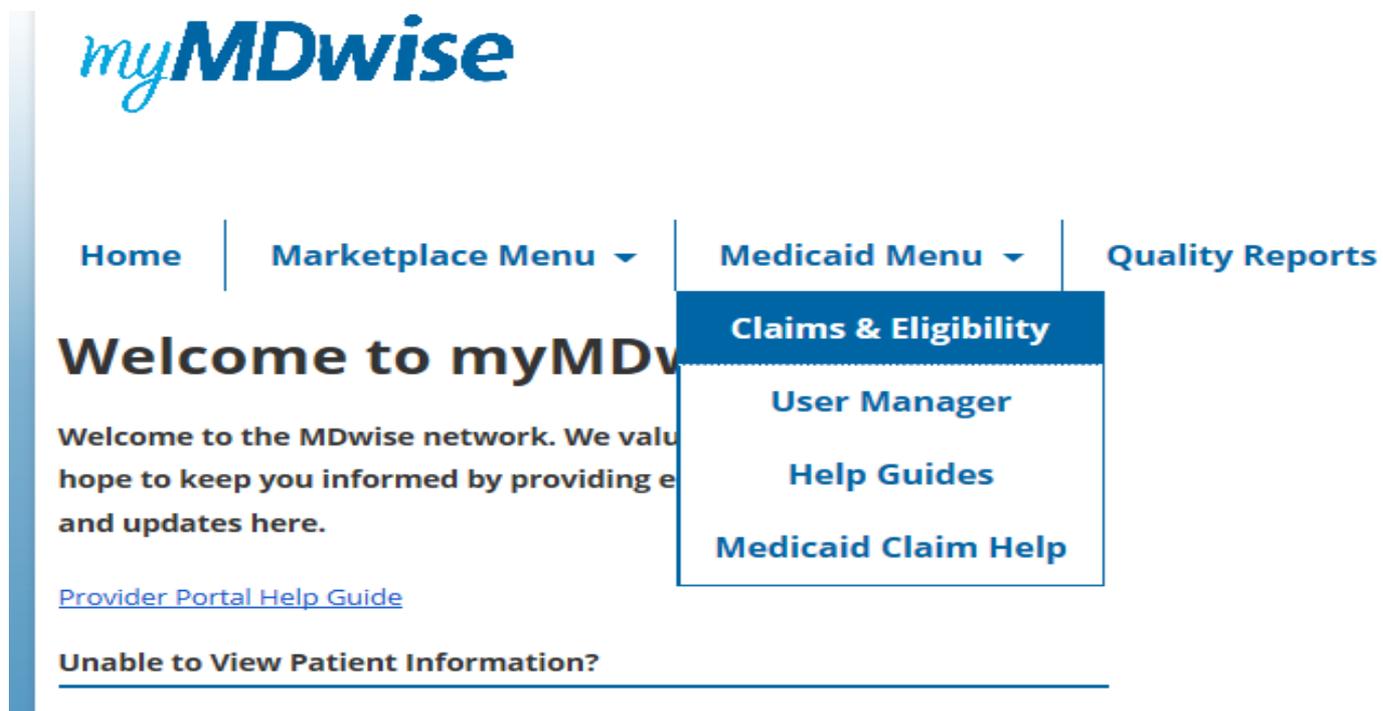
Tobacco User: Yes No

Sexually Active: Yes No

Member Eligibility

Member Eligibility

To verify member eligibility or claim status in the myMDwise Provider Portal, click the “Medicaid Menu” drop-down box from the home screen and select “Claims & Eligibility.”



The screenshot shows the myMDwise Provider Portal interface. At the top left is the myMDwise logo. The navigation bar includes links for Home, Marketplace Menu, Medicaid Menu, and Quality Reports. The Medicaid Menu dropdown is open, showing options for Claims & Eligibility, User Manager, Help Guides, and Medicaid Claim Help. The main content area displays a welcome message and a link to the Provider Portal Help Guide.

myMDwise

Home | Marketplace Menu ▾ | **Medicaid Menu ▾** | Quality Reports

Claims & Eligibility

User Manager

Help Guides

Medicaid Claim Help

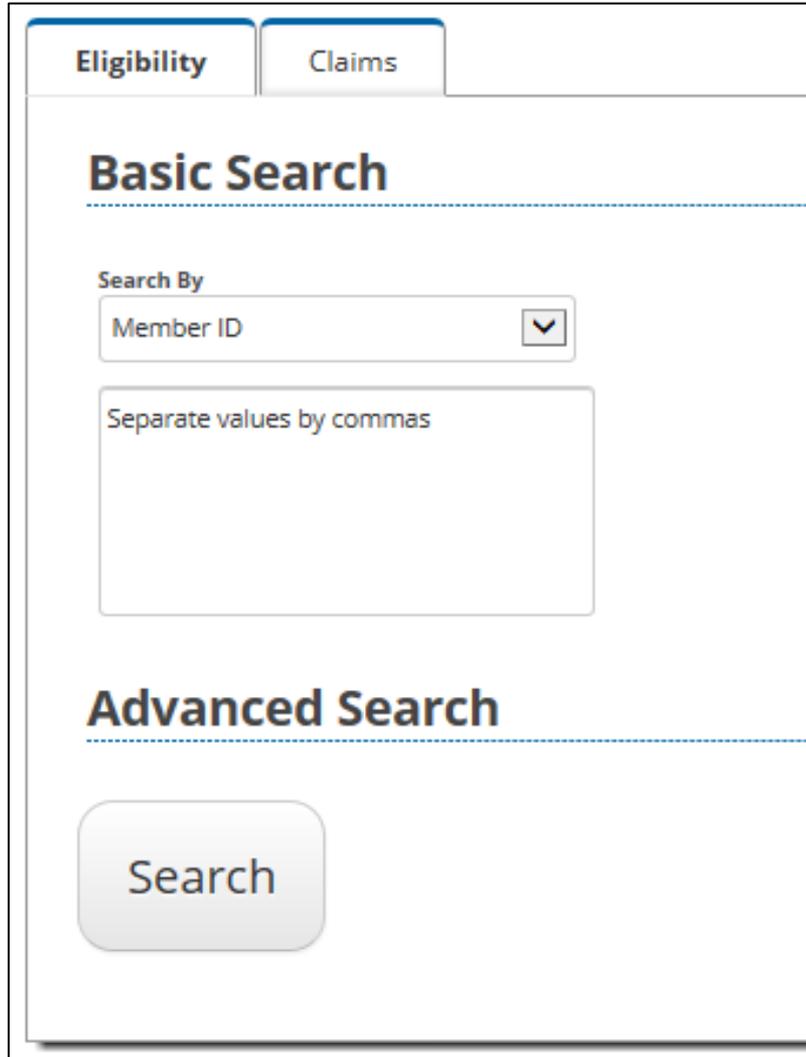
Welcome to myMDwise

Welcome to the MDwise network. We value your business and hope to keep you informed by providing e-newsletters and updates here.

[Provider Portal Help Guide](#)

Unable to View Patient Information?

Member Eligibility



The screenshot shows a web interface for Member Eligibility. At the top, there are two tabs: "Eligibility" (selected) and "Claims". Below the tabs is a "Basic Search" section, which includes a "Search By" dropdown menu currently set to "Member ID", a text input field with the placeholder "Separate values by commas", and an "Advanced Search" section below it. A large "Search" button is located at the bottom of the form.

The “Claims & Eligibility” drop-down option will take you to this screen.

Verifying Eligibility:

- Search by Member ID or SSN

Results will provide:

- Original effective date
- Eligibility Status
- Primary Medical Provider (PMP) History
- Claim history for last 150 days

Member Eligibility

When determining eligibility, verify:

- Is the member eligible for services today?
- In which Indiana Health Coverage Programs (IHCP) plan are they enrolled?
- If the member is in Hoosier Healthwise (HHW) or Healthy Indiana Plan (HIP), are they assigned to MDwise?
- Who is the member's Primary Medical Provider (PMP)?

IHCP Provider Healthcare Portal	myMDwise Provider Portal
• IHCP Program	• MDwise
• Managed Care Entity	• Assigned PMP History
• Assigned PMP	
• MDwise	

Submitting a Prior Auth Request

- MDwise offers multiple platforms to submit a PA request. You may submit via portal, email, phone, or fax.
- **The Preferred Method for requesting a PA request is through our PA portal, where you can also check status.**
 - **Portal:**
<https://mdwisepp.zeomeg.com/cms/ProviderPortal/Controller/providerLogin>
 - **Email:** PADept@mdwise.org
 - **Phone:** 1-888-961-3100
 - **Fax:** **HHW** 1-888-465-5581
HIP *Inpatient:* 1-866-613-1631
All other authorizations: 1-866-613-1642

Contacts & Helpful Resources



Contacts for Provider Reps

MDwise Network Provider Relations Territory Map

- **Region 1**
Paulette Means
pmeans@mdwise.org
317-822-7226
- **Region 2**
Danielle Nesbit
dnesbit@mdwise.org
317-793-0872
- **Region 3**
LaKisha Browder
lbrowder@mdwise.org
317-983-7819
- **Region 4**
Robin King
rking@mdwise.org
317-619-5622
- **Region 5**
Amanda Deaton (9/14/21)
adeaton@mdwise.org
317-793-0873
- **Region 6**
Tonya Trout
ttrout@mdwise.org
317-308-7329
- **Region 7**
Rebecca Church
rchurch@mdwise.org
317-308-7371
- **Region 8**
Chris Bryant
cbryant@mdwise.org
317-517-4776

Lauren de Blecourt, RN
ldeblecourt@mdwise.org
317-407-5910
(Behavioral Health – CMHCs, OTPs, IMD, SUD)



Resources

MDwise website

- www.MDwise.org

MDwise Authorization Portal

- <https://mdwisepp.zeomega.com/cms/ProviderPortal/Controller/providerLogin>

MDwise Provider Manuals

- <http://www.mdwise.org/for-providers/manual-and-overview/>

MDwise Provider Relations Territory Map

- https://www.mdwise.org/MediaLibraries/MDwise/Files/For%20Providers/Contact%20Information/PR_territory_map.pdf

IHCP Provider Modules

- <https://www.in.gov/Medicaid/providers/>

MDwise Prior Authorization Inquiry Line

- 1-888-961-3100

MDwise Customer Service

- 1-800-356-1204

MDwise Prior Authorization Portal (PA Portal)

MDwise PA Portal Process

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If you are a new user please [Register Here](#)

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[Contact Us](#)

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Prior Authorization Portal

Prior Authorization Portal

To register for a user account, go to:
<https://mdwisepp.zeomega.com/cms/ProviderPortal/Controller/providerLogin>

Click “**Register Here.**”

Allow 3-5 business days after registering for an account to become active. If you are unable to create a user account, please send request for user account to

AuthPortalHelp@mdwise.org

Prior Authorization Portal

Why use the Prior Authorization Portal?

Allows access to a dashboard to monitor status or request prior auth

Increases timeliness of review by prior authorization staff

Increases readability of prior authorization request

Will allow visibility to additional services being provided to the member

Decreases incidence of fax backs

Prior Authorization Portal

Authorization requests can be accepted by MDwise Intake Team by using the following formats:

Phone: 888-961-3100

Email: padept@mdwise.org

Fax: HHW: 888-465-5581 / HIP: 866-613-1642

Prior Authorization (PA) Portal:

<https://mdwisepp.zeomega.com/cms/ProviderPortal/Controller/providerLogin>

Prior Authorization Portal

Prior Authorization Portal

Through the Portal, you can submit new authorization requests and track authorizations you have submitted via the PA Portal.

Prior Authorization Portal

Provider Authorization Portal Account Setup Instructions

We are now offering online submission through the Prior Authorization Portal. This guide will allow you to set up your account to submit your prior authorization as well as track those authorizations you submitted via the portal as well.

Create a **NEW** account by selecting the **Register Here** option.

Jiva™

MDwise



<input type="text"/>	<input type="password"/>	<input type="button" value="Login"/>
----------------------	--------------------------	--------------------------------------

If you are a new user please [Register Here](#)

[Forgot Password ?](#)

[Contact Us](#)

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Prior Authorization Portal

Enter the NPI or TIN Search for the Provider and click

Register:



Registration Details

Provider Name :

* Identification Type : ▼

* Identification Number : x

[Back To Login](#)

Prior Authorization Portal

On the 'New User Registration' screen please fill out all **RED** required fields as well as your *email address*.

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New User Registration

Provider Name :
Identification Type : NPIN

* First Name :

Address1 :

Email :

City :

State : --Select One--

* User ID :

* Password :

* Security Question : --Select One --

* TimeZone : --Select One --

Provider Type : Provider

Identification ID :

* Last Name :

Address2 :

* Phone No :

Country : --Select One--

Zip :

Fax :

* Confirm Password :

* Answer :

Confirm Clear

[Back To Login](#)

Prior Authorization Portal

Troubleshooting Tips:

- For troubleshooting issues when creating an account or setting up a prior authorization, please email: authportalhelp@mdwise.org. We will respond in 1-3 business days.
- If you are unable to locate your member by Member ID, please contact call MDwise at 1-800-356-1204.

Prior Authorization Portal

Helpful Information:

- **Supported browsers:** The Prior Authorization Portal supports the Internet Explorer (IE). Other browsers may display differently from newer browsers.
- **Documentation:** Documents **MUST** include ***Universal Prior Authorization Form*** to be processed. If the Prior Authorization form is not completed, the process will be cancelled, and you will receive a message or a fax back to resubmit the auth request with all required documents.
- Priority may be changed by MDwise if request does not meet the definition of Urgent.

Prior Authorization Portal

Helpful Information cont'd:

- SPC Code Sets will decrease the time to add CPT codes and apply to your service.
- Choosing “**Single Attach**” will return user to the Request screen. Choosing “**Multiple Attach**” will allow user to repeat the provider selection process.
- You must click “Submit” for MDwise to process the request.

Prior Authorization Portal

In the online PA Portal Instruction Manual, there are instructions on how to initiate a:

- NEW Outpatient Prior Authorization
- NEW Inpatient Prior Authorization Request
- Requesting Concurrent Review or an Extension for a Prior Authorization
- How to utilize the Prior Authorization Dashboard

To access and/or download the PA Portal Instruction Manual use the following link:

[PA Portal Instruction Manual](#)

Prior Authorization Portal

Upon receipt of your user account credentials, proceed to the Authorization Portal by using the following link:

<https://mdwisepp.zeomega.com/cms/ProviderPortal/Controller/providerLogin>

Prior Authorization Portal

Upon receipt of your user account credentials, proceed to the Authorization Portal log in to the PA Portal:

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User Name Password Login

If you are a new user please [Register Here](#) [Forgot Password ?](#)

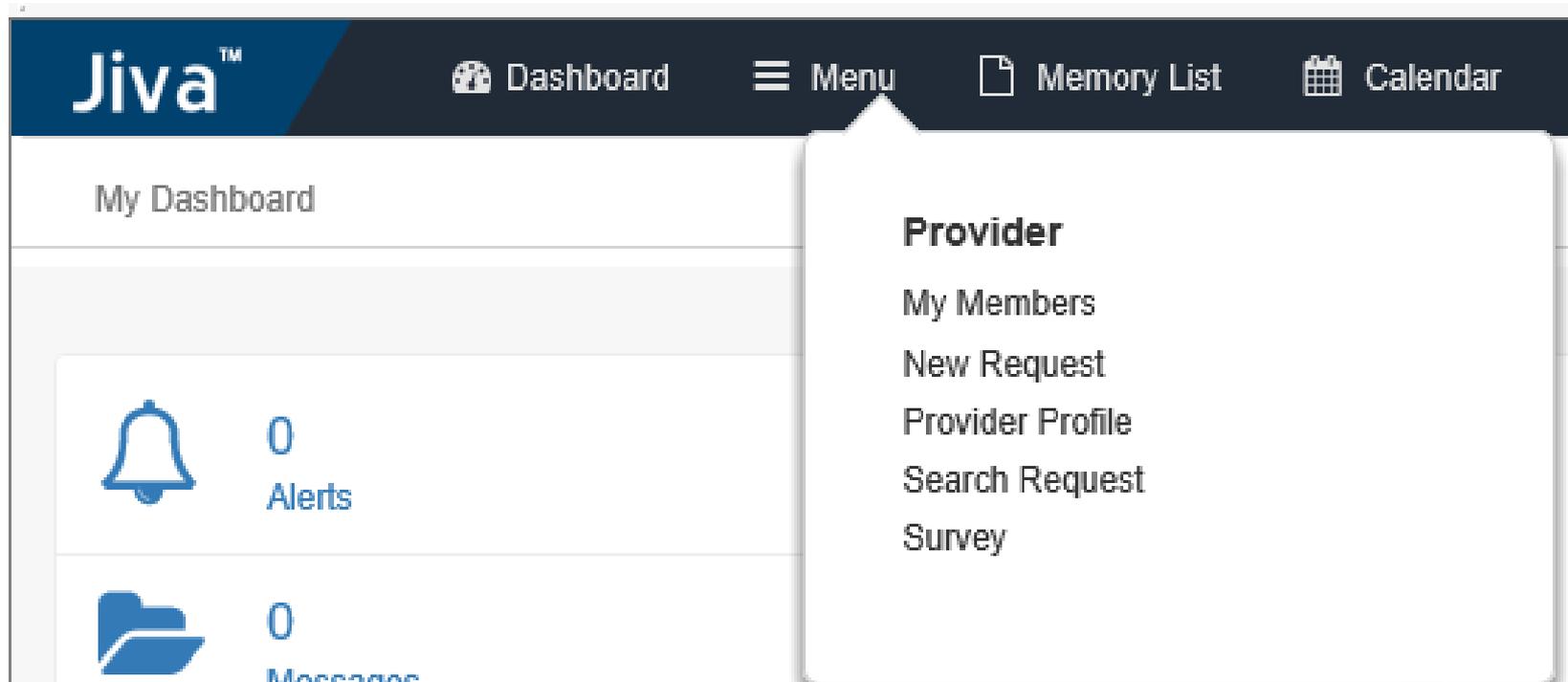
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Prior Authorization Portal

Select “**New Request**” from the Menu drop-down list.



Prior Authorization Portal

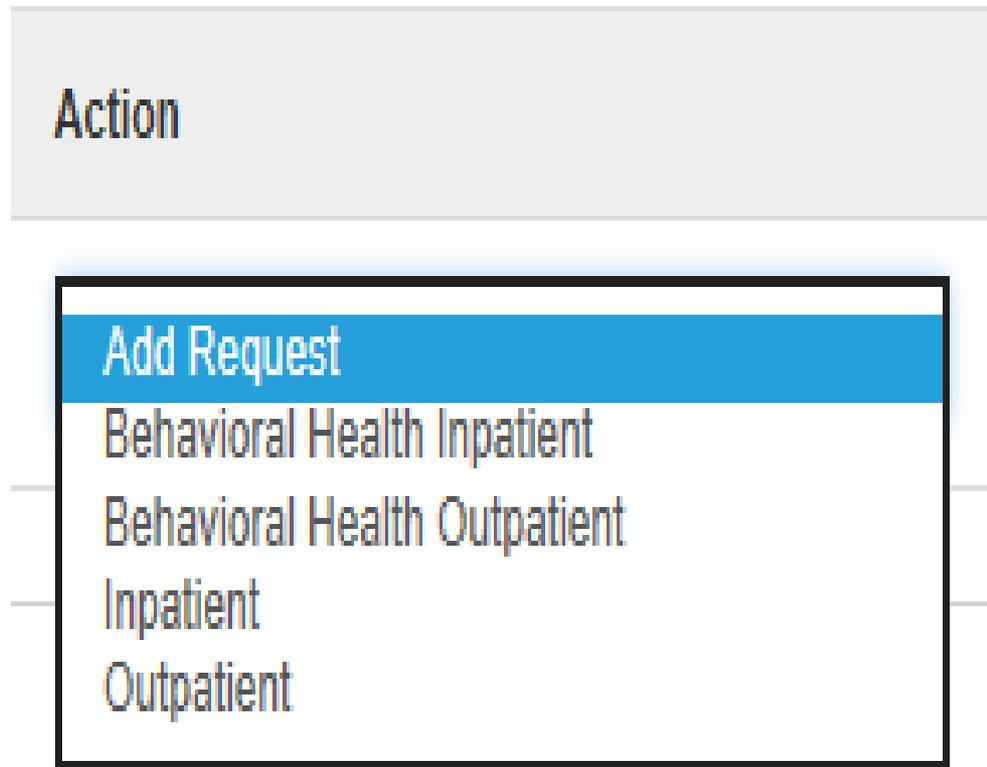
Enter Member ID (RID). Click “**Search**” button.

Member ID *

Must have Member ID (RID) to search or start a case. If you are unable to locate your member using the Member ID you have on file, please contact MDwise at 1-800-356-1204.

Prior Authorization Portal

Select “**Outpatient**” or “**Behavioral Health Outpatient**” from the ‘Action’ drop-down list



Prior Authorization Portal

Select the Request Type

Request Type *

Request Type	When to Choose
Actual	DO NOT USE: INTERNAL USE ONLY
Concurrent	DO NOT USE: INTERNAL USE ONLY Use the Concurrent/Extension workflow below
Evolent UM Data	DO NOT USE: INTERNAL USE ONLY
Expected	DO NOT USE: INTERNAL USE ONLY
IUMG historical data	DO NOT USE: INTERNAL USE ONLY
Preservice	Upcoming outpatient services
Transportation	For Future Use
Post Service	Also known as "retro" Use for after services have been rendered

Prior Authorization Portal

Select “Request Priority”

Request Type	Priority
Preservice	Standard 7 CD (Calendar Days)
Preservice	Expedited 3 BD (Business Days) Used for Partial Hospitalization, Residential Treatment Center for Substance Use Disorder, and Urgent Outpatient Services
Transportation	For Future Use
Post Service	Retrospective 30 CD (Calendar Days)

NOTE: Priority may be changed by MDwise if the request does not meet the definition of Urgent.

Prior Authorization Portal

Enter the Primary “Diagnosis” description or code.

Diagnosis

Code Type * ICD10 v

Diagnosis * Diagnosis Q

[Advanced Search](#)

Prior Authorization Portal

Click “Attach Providers.”

Provider Details



Attach Providers

Prior Authorization Portal

**Enter provider information. Click the “Search” button.
*For Group: Choose either HHW or HIP.***

Attach Providers

i Enter any search criteria

Provider Last Name

Provider First Name

NPIN

Provider ID

Tax ID

Group *

[Advanced Search](#)

Prior Authorization Portal

Choose the appropriate role in “Provider Role.”

Providers can be attached with the following:

1. Admitting
2. Attending
3. PCP
4. Servicing
5. Treating

Prior Authorization Portal

Choose “**Single Attach**” or “**Multiple Attach**” from the function wheel next to the Provider ID.

Attach Providers



Enter any search criteria

Provider Last Name: BARADA

Provider First Name: Provider First Name

NPIN: [Empty]

Provider ID: [Empty]

Tax ID: [Empty]

Group: Care Select

Search Advanced Search

Search Results

Provider ID	Provider Name	Location	Type	Provider Role	Specialty	In Netw
200977520	BARADA, BROOKE, C	4935 W ARLINGTON RD BLOOMINGTON, IN - 47404-1187 USA Phone: 8123533800	Provider	Servic	Pediatric Nurse Practitioner	N
200977520	BARADA, BROOKE, C	651 S CLARIZZ BLVD BLOOMINGTON, IN - 47401-5523 USA Phone: 8123332304	Provider	Servic	Pediatric Nurse Practitioner	N
200977520	BARADA, BROOKE, C	1614 26TH ST	Provider	Servic	Pediatric Nurse Practitioner	N

NOTE: Choosing “**Single Attach**” will return the user to the Request screen. Choosing “**Multiple Attach**” will allow user to repeat the provider selection process until all the providers have been added.

Prior Authorization Portal

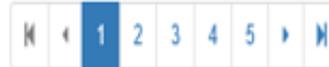
Select “**Attach**”



Cancel

Prior Authorization Portal

Review the attached providers to ensure the correct information has been submitted.



Selected Providers List

	Provider ID	Provider Name	Location	Provider Role	Provider Network
	100138880	BARRETT, DANIEL, A	52500 FIR RD GRANGER, IN - 46530-8579 USA Phone: 5742710700	Servicing 	Out of Network
	100138880	BARRETT, DANIEL, A	211 N EDDY ST SOUTH BEND, IN - 46617-3096 USA Phone: 5742379231	Treating 	Out of Network

Prior Authorization Portal

Complete the following Selections:

Service/Specialty Drug
Request

Service Type *	<input type="text" value="--Select One--"/>	Primary Modifier	<input type="text" value="Primary Modifier"/>
Place of Service	<input type="text" value="--Select One--"/>	Additional Modifier	<input type="text" value="Additional Modifier"/>
Code Type *	<input type="text" value="CPT"/>	Start Date *	<input type="text"/>
Service Code *	<input type="text" value="Search Service Code"/>	End Date *	<input type="text"/>
	Advanced Search	Requested #	<input type="text" value="1"/>
	Optional Fields		
	<input type="button" value="Add"/>		

NOTE:

SPC Code Sets will decrease the time to add CPT codes and apply to your service. Drop Downs with a red asterisk are “required!”

Prior Authorization Portal

Complete the following Selections:

Service Type*	Choose Best Option
Place of Service	Choose Best Option
Code Type*	HCPC CPT ICD10 Revenue SPC- See Appendix A
Service Code*	Search for code or template
Primary Modifier	Search for best modifier
Additional Modifier	Search for best modifier
Start Date*	Use calendar to select start date
End Date*	Use calendar to select end date
Requested #	Enter Number as applicable
Units	Ender Units as applicable

Prior Authorization Portal

Complete the Document Section. Browse to select a document from your files to attach to the file.

Documents

Document Title	<input type="text"/>	Document Description	<input type="text"/>
Document Type	<input type="text" value="Other"/>		
Select Document	<input type="button" value="Browse"/> No File Selected		

NOTE: Document **MUST** include Universal Prior Authorization Form to be processed.

Prior Authorization Portal

Complete the Notes Fields. In the Note Text Enter the following information:

- Requestor Name
- Requestor Phone Number
- Requestor Fax Number
- Additional/Relevant Information needed to process the request (i.e. reason for expedited request)

Notes

Note Type

Note Encounter Date

Note Encounter Time

Note Text

File Edit View Format Tools

B *I* U ABC

Prior Authorization Portal

Click “Submit” button to complete request.



NOTE: You must click Submit for MDwise to process the request. Save as Draft will be viewable only from your dashboard and can allow submission later.

Resources

MDwise website

- www.MDwise.org

MDwise Authorization Portal

- <https://mdwisepp.zeomega.com/cms/ProviderPortal/Controller/providerLogin>
- **Training Document:**
<https://www.mdwise.org/MediaLibraries/MDwise/Files/For%20Providers/Forms/Prior%20Authorization/Provider-Authorization-Portal.pdf>
- **For Assistance/Help Email:** AuthPortalHelp@mdwise.org

MDwise Provider Manuals

- <http://www.mdwise.org/for-providers/manual-and-overview/>

MDwise Provider Relations Territory Map

- https://www.mdwise.org/MediaLibraries/MDwise/Files/For%20Providers/Contact%20Information/PR_territory_map.pdf

MDwise Claims: Provider Customer Service Unit

- 1-833-654-9192

MDwise Customer Service

- 1-800-356-1204

IHCP Provider Modules

- <https://www.in.gov/Medicaid/providers/>

Questions

